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ABSTRACT

This presentation addresses aspects of the Americans with Disabilities Act of relevance to day care centers in Arkansas. First, Title I of the Act which addresses discrimination in employment is summarized including definition of "individual with a disability," reasonable accommodations, identifying essential functions, want ads, application forms, references, and medical exams. Next, aspects of Title III, which prohibits discrimination against the full and equal enjoyment of goods and services, are considered. These include integrated programs, barrier free access, policies and procedures, and "readily achievable" accommodations, reasonable modifications, and provision of auxiliary aids and services, terminology, and suggestions for relating to people with disabilities. Schedules for accomplishing the elimination of barriers are described for new construction, alterations to existing structures, and removal of barriers in existing facilities. Seven steps for a Center's self evaluation process are presented. These are: (1) evaluate admissions and operating policies; (2) evaluate the building; (3) evaluate playgrounds; (4) evaluate staff; (5) evaluate policies and procedures; (6) evaluate emergency procedures; and (7) evaluate transport vehicles. A detailed program checklist is appended as are a list of 14 agency resources and the text of the proposed physical facility guidelines for day care facilities under the ADA. (DB)

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ARKANSAS EDUCATIONAL TELEVISION NETWORK

The Americans with Disabilities Act (ADA) and Child Care Providers:

Increasing Service Access for Young Children with Disabilities and Families

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Presenter:
Phil Parette, Ed.D.
ARKANSAS EASTER SEAL SOCIETY

Content overview materials for distance instruction training for day care providers in Arkansas provided through a grant to AETN by the Arkansas Early Childhood Commission

April 8, 1993

Note: **A videotape of this presentation is available on loan from the Arkansas Early Childhood Commission, 101 East Capitol, Suite 106, Little Rock, AR 72201**

EC 302466

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Hello. I'm Dr. Phil Parette and I'm the *Americans with Disabilities Act*, or ADA Coordinator for the Arkansas Easter Seal Society. I'm pleased to be with you here today and would like to welcome all of our participants at the 38 satellite down link sites across the state. Before we begin our discussion today, I'd like to note that I have worked with infants and young children with disabilities both as a classroom teacher and a researcher, and have been involved in special education service delivery over 18 years. But I have also been involved in developing training modules that address current best practices in day care settings throughout the South, and am very aware of the challenges that confront you on a daily basis, particularly in light of the present emphasis on integrating young children with disabilities into your programs.

We're here today because President George Bush signed into law the *Americans with Disabilities Act* in the Summer of 1990. This law made discrimination against people with disabilities illegal.

This is important for our day care centers because we have the responsibility of making our services more accessible to children with disabilities as well as family members who may have disabilities. What we are going to do today is to look at some of the most frequently asked questions about the ADA and discuss basic concepts so that you will have an understanding of why we are making changes in the way we provide services to children and families.

Show Title 1

The *ADA provides comprehensive civil rights protections to individuals with disabilities* in the areas of employment, public accommodations, State and local government services, and telecommunications.

The ADA was enacted on July 26, 1990. Its purpose is to insure that people with disabilities are not discriminated against by businesses, *including day care centers*, in employment practices and access to public accommodations and services. All day care centers are affected by the legislation.

Show Title 2

I. Employment
II. Public Services
III. Public Accommodations
IV. Telecommunications
V. Miscellaneous Provisions

The ADA has 5 titles/sections which includes: (a) Employment; (b) Public Services; (c) Public Accommodations; (d) Telecommunications; and (e) Miscellaneous Provisions. Titles I and III have the greatest implications for our day care centers. While we will touch on Title I issues today, most of our attention will be directed toward Title III, or the public accommodations issues.

So what is Title I?

Show Title 3

Title I addresses discrimination in employment practices.

Title I broadly addresses discrimination in employment practices. The Equal Employment Opportunity Commission (EEOC) has issued implementing regulations for Title I. Generally, Title I prohibits a day care center from using a qualified individual's disability to discriminate against him or her in job application procedures, hiring or discharge, compensation, advancement, training, or any other term or condition of employment.

Title I became effective on:

Show Title 4

July 26, 1992, for employers of 25 or more employees

July 26, 1994, for employers of 15 or more employees

Recently, the Arkansans with Disabilities Act was passed by our State legislature which covers businesses having 10 or more employees. Consequently, any day care program having at least 10 employees in Arkansas must comply with the employment provisions of Title 1 of the ADA.

What is the definition of the term "individual with a disability" under the ADA?

Show Title 5

Physical or mental impairment that substantially limits one or more major life activities

An individual with a disability is a person who has a physical or mental impairment that substantially limits one or more major life activities. Major life activities are functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working. Minor or temporary limitations in these functions do not apply.

Show Title 6

Has a record of an impairment
OR
Is regarded as having an impairment

Under the ADA, a person is also protected if he or she has a record of or is regarded as having an impairment but does not currently have a functional limitation, such as someone who has had cancer but is now in remission. An example of being regarded as having a disability is a person with a facial disfigurement and who is considered as having a disability, even if they're not limited in some way.

What important concepts are contained in Title I?

There are a number of important concepts which are related to Title I. These include the following. The first is:

Show Title 7

Qualified person with a disability

This is a person who, with or without reasonable accommodation, can perform the essential functions of the job.

Another term that you should be familiar with is:

Show Title 8

Reasonable accommodations

This means making modifications at the job site which will enable the performance of a specific job. We'll discuss this more shortly.

People with disabilities are often restricted in employment opportunities by many different kinds of barriers. Some face physical barriers that make it difficult to get into and around a work site or to use necessary work equipment. Some are excluded or limited by the

way people communicate with each other. Others are excluded by rigid work schedules that allow no flexibility for people with special needs caused by their disabilities. Many are excluded only by barriers in the minds of others, such as unfounded fears, stereotypes, presumptions, and misconceptions about job performance, safety, absenteeism, costs, or acceptance by co-workers and customers.

Reasonable accommodations should reduce or eliminate unnecessary barriers between the person's abilities and the requirements of performing the essential job functions.

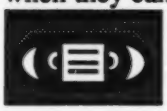
Show Title 9

Essential functions

These are job tasks that are fundamental and not marginal.

In looking at jobs that are performed in day care settings, we have to begin defining the essential functions of jobs. That is, we identify the tasks that are fundamental (or necessary) *and not marginal* (or unnecessary) for the job to be completed. Not all tasks that we perform in job settings are fundamental. We all do things on a daily basis that are not essential functions of the job.

For example, someone who applies for an day care position as an accountant may be required to have the credentials to be an accountant and be able to use a spreadsheet software program. But it may not be fundamental for them to use a pencil to make entries into a ledger when they can be entered into a computerized spreadsheet.



Show video segment of person in wheelchair reaching for a high file in cabinet. Show alternative video of person at desk reaching into lowered file cabinet.

Similarly, standing and reaching records on a high shelf may not be fundamental for the accounting job. Retrieving information contained in the records would be fundamental. The employer could not require the employee to stand and reach but would provide a reasonable accommodation, or making changes in the way records are stored or retrieved. Lowering filing cabinets or providing a reaching tool would enable the employee to perform the essential accounting functions and be considered reasonable accommodations.

Show Title 10

Job descriptions

What is recommended is that administrators examine their existing job descriptions and identify essential and marginal job functions. Those that are clearly essential to performing a job in the program should be communicated to the job applicant. Describe the job in terms of what has to be done, not in terms of physical attributes.

Show Title 11

Want ads

If you run want ads to recruit personnel, forego all suggestions of physical or mental requirements.

Show Title 12

Application forms

On application forms, do not ask questions about physical or mental ability. State that you do not discriminate against persons with disabilities in your employment practices and that accommodations will be made for disabilities. Eliminate broad releases of information for medical information.

Show Title 13

Interviews

During an interview, do not ask about an applicant's medical problems or his or her family. Ask instead whether the applicant can perform the essential functions of the job. If the person has a disability that is obvious, you can ask them to demonstrate how they would perform the essential job functions using a reasonable accommodation. If the person has a disability that is not obvious, such as a seizure disorder or diabetes, the applicant has the responsibility of identifying the type of accommodation that is needed to enable them to perform the essential job functions. As an employer, you are not required to second guess job applicants. However, once the person identifies the type of accommodation that is needed, you are required to provide it unless it imposes an undue hardship.

Show Title 14

Undue hardship

This is an action requiring significant difficulty or expense. In determining whether an accommodation would impose an undue hardship on the day care center, several factors would be considered. These would include:

Show Title 15

The overall size of the center
The type of operation
The nature and cost of the accommodation.

The overall size of the center, including the number of employees, number and type of facilities, and the budget; the type of operation; and the nature and cost of the accommodation are all factors that are taken into consideration in determining what type of accommodation is required for the employee.

So decide whether you can reasonably provide an accommodation for the job applicant once a need has been made known to you. If you can't reasonably provide the accommodation requested, you are required to provide an accommodation to the extent that it does not impose an undue hardship. For example, suppose that an applicant tells you that a specific medication must be taken at certain times during the day, at 8:00, 10:00, and noon, and that they must rest for 5-10 minutes after taking the medication. Allowing the person to leave at these times would disrupt classroom programming since group activities are being conducted at these times, and the departure of the employee would leave an inadequate number of personnel present with the children, thereby imposing an undue hardship. However, by simply modifying the classroom schedule and starting the activities 10 minutes later, the employee could be easily accommodated.

Show Title 16

References

When checking references, do not ask former employers about an applicant's medical problems.

Show Title 17

Medical exams

If your employees are required to take medical exams, you must condition the offer of employment on a medical exam only if it is required of all employees for the same type of job. Ask the doctor who performs the exam what the employee can and cannot do, and do not ask about specific medical conditions.

Ask Question: Are there any questions that you have about Title I?

(Time for calls from viewers)

Let's look now at Title III of the ADA.

Show Title 18

Title III prohibits discrimination against the full and equal enjoyment of goods and services

Title III prohibits discrimination against the full and equal enjoyment of the goods, services, facilities, privileges, advantages, or accommodations of any place of public accommodation by any person who owns, leases (or leases to), or operates a place of public accommodation".

Title III defines public accommodations as businesses that serve the public. Day care centers are specifically mentioned in the legislation as one type of public accommodation.

The phrase "full and equal enjoyment" under Title III means that children with disabilities have an *equal opportunity* to receive the same goods and services that other children receive in the day care unless doing so would pose a health or safety risk to other individuals.

Since this Title focuses on access to services, products, and facilities, day care centers will be required to examine many components of their programs. This will include access to playgrounds, rooms and spaces, and activities that take place in the center.

Title III specifies that day care centers must by July 26, 1992, remove architectural and communication barriers and provide auxiliary aids and services to children. After July 26, 1993, day care centers must make new facilities designed for occupancy or constructed readily accessible and usable by persons with disabilities.

Ask question: What important concepts are contained in Title III?

Several concepts which are related to Title III are important for day care employees to understand. The first of these is integrated programs.

Show Title 19

Integrated programs

This means that all goods, facilities, privileges, advantages, accommodations, and services are provided in the most integrated setting appropriate to the child's needs.

Children with disabilities are entitled to be served in ways comparable to the way other children are served.

Day care centers cannot provide a service or opportunity that is different or separate from what is provided to others, unless the action is necessary to provide the person with a disability or class with as effective a good, service, facility, privilege, advantage, or accommodation. For example, a child in a wheelchair could not be required to go on a field trip on a different day than when other children participate in the activity. Similarly, parents of children with disabilities could not be asked to attend a meeting separate from other children to discuss their children's progress.

Another important concept is barrier free access.

Show Title 20

Barrier-free access

To ensure that goods and services offered by day care centers are available to children with disabilities and family members barriers must be eliminated to allow access. Generally, there are three different types of barriers: 1) physical, 2) policies and procedures, and 3) attitudes.

Show Title 21

Physical

Policies and procedures

Attitudes

Physical barriers include all those features of our facilities that prevent people from getting to areas where goods and services are provided. Policies and procedures barriers are practices that have been developed and are in place in our day care settings that result in discrimination against children with disabilities and family members. And finally, there are negative attitudes that we have toward disability that causes us to design facilities and develop policies and procedures that result in discriminatory practices.

We'll discuss each of these in more depth later. Another important concept is "readily achievable".

Show Title 22

Readily achievable:

without much difficulty or expense

This means easily accomplishable and able to be carried out without much difficulty or expense. The nature and the cost of the action must be considered in looking at whether or not barrier removal is readily achievable. What is readily achievable will be determined on a case-by-case basis in light of the resources available.

The ADA establishes different standards for existing facilities and new construction. In existing facilities, where retrofitting may be expensive, the requirement to provide access is less stringent than it is for new construction and alterations, where accessibility can be incorporated into the initial stages of design and construction without a significant increase in cost. The standard also requires a lesser degree of effort on the part of the day care center than the "undue hardship" standard of Title I.

So what are some examples of physical barriers that we find in day care centers?

Show examples of inaccessible features of day care centers:

Show Title 23

Inaccessible parking spaces

Show Title 24

Sidewalks without curb cuts

Show Title 25

Sidewalks with gratings/spaces greater than 1/2" in width

Show Title 26

Stairs leading to entranceways

Show Title 27

Narrow doorways at entrances

Show Title 28

Cluttered classrooms

Show Title 29

Inaccessible restrooms

These are just a few examples of the types of physical barriers that we often find in day care settings. But barriers can also exist in the policies and procedures that we find in day care settings.

Policies and procedures become barriers when they are inflexible to meet the needs of children with disabilities and their families. For example, a policy that states that all information provided to families will be in printed form does not provide access to the information for a person with a visual disability. Similarly, providing a parent training meeting in a verbal presentation format would not provide accessible information to a parent with a hearing disability. Consequently, we must make reasonable modifications in our policies and procedures to insure that our services are fully accessible to children with disabilities and family members.

Show Title 30

Reasonable modifications

In order to make our day care centers more accessible to children and families, we are expected to provide reasonable modifications. This refers to changes in policies, practices, and procedures to provide goods, facilities, privileges, advantages, accommodations, and services.

Sometimes, the way that we have traditionally done things with children without disabilities discriminates against those children that do have disabilities. For example, just because a child has a physical disability and cannot use speech does not mean that we never ask the child questions, or expect him or her to interact with other children. We have to devise ways to allow children to communicate, to use means that they are familiar with, to participate in day care activities.

Show Easter Seal child using an augmentative communication device during group activity.

So here we see an example of a child being allowed to use a different means of communicating with others while still being able to participate in an activity with other children. Other ways that we might make changes in our policies and procedures would include things like: (a) Having a reader or Braille information available; (b) Allowing a signature machine as identification rather than a signature from someone unable to write their name; and (c) Providing a sign interpreter to provide printed information to persons with deafness unable to read, or an audio cassette recording of policies and procedures for someone able to read.

Now keep in mind that day care centers are required to provide reasonable modifications to the extent that an "undue burden" is not imposed.

Show Title 31

Undue burden

This means that the nature of the benefit would be fundamentally altered. This applies to auxiliary aids and services which must be provided to children with disabilities. An example of a fundamental alteration would include a request that a day care provider send a staff person to the home of a child with a disability to provide services since the child cannot be moved from his bed due to the presence of ventilation equipment. In this example, a fundamental alteration would occur in the nature of day care services, that is, services are provided outside of the traditional center where other children receive services.

Show Title 32

Auxiliary aids and services

This refers to the steps that are taken to insure that no person with a disability is excluded, denied services, segregated or otherwise treated differently than other persons because of the absence of auxiliary aids and services unless an undue burden or fundamental alteration of facility results.

Examples of auxiliary aids and services include qualified interpreters, notetakers, computer-aided transcription materials, telephone headset amplifiers, and Braille materials.

For example, a day care center cannot refuse to interview a parent with a disability who wishes to enroll their child in the facility. If the person is blind, the day care may have to provide

a reader such that printed information can be communicated to the parent. If the customer is deaf, an interpreter might be required.

This does not mean that day care centers are required to provide personal devices such as wheelchairs or services of a personal nature including assistance in eating, toileting or dressing, unless these services are provided to all children.

Now a final way in which barriers are often presented to children and families in day care settings is through the attitudes that we have toward disabilities.

Ask question: Why is it important to recognize negative attitudes?

Show Title 33

Negative attitudes

Attitudes affect the way that we do things in the world around us. With regard to day care settings, if we have negative attitudes about children with disabilities, it will affect the way that we provide services, and many times these attitudes can result in policies and procedures that discriminate against children and families. As day care providers, we must look at our own attitudes and determine if they are present, and when they are, make efforts to change them in order to best be able to provide services to young children with disabilities and families.

Show Title 34

All people have disabilities

When initiating such an examination, a basic assumption to remember is that *all people have disabilities*. Not all day care employees can use a computer, repair an automobile engine, or read a blueprint. Many of us wear eyeglasses due to visual problems. Some of us have arthritis or other physical problems that prevent us from doing things that others do. Each person has limitations, and it is this very fact that makes all people more alike than different. As a day care service provider, you will be coming in contact with children and family members who have who have limitations. In order to be able to serve them most effectively, you should be aware of your own limitations, or disabilities.

Once it is recognized that you have disabilities you're well on your way to changing the way that you *think* about children and family members with disabilities.

Let's turn our attention to some of the things that we can do to change our attitudes about people with disabilities.

Show Title 35

Place the person before the disability

When speaking about people with disabilities, you should place the term 'person', 'individual', or 'child' *before* the term 'disability' out of respect for the individual's uniqueness and worth. It is more appropriate to say "person with a disability" or "children who have disabilities" rather than "disabled person or disabled child".

Because a person is *not* a condition, you should avoid referring to them by the condition he or she exhibits, such as "a postpolio, a C.P., or an epileptic" It is more appropriate to use the expression, "a child who 'has/had polio', 'has/had cerebral palsy,' or 'has epilepsy'".

Show Title 36

Avoid use of the word 'disabled' as a noun

Similarly, you should refrain from using the word "disabled" as a noun, since this term implies total disability or a state of separateness from other people. People with disabilities do not constitute a distinctly different group within the total population.

Show Title 37

Emphasize abilities rather than limitations

Similarly, when discussing a child with a disability or family member with others, you should emphasize the person's abilities rather than any limitations. For example, the expressions 'use a wheelchair', and 'walks with crutches', are much more positive than 'confined to a wheelchair', 'is wheelchair-bound', or 'is crippled'. Similarly, you should refrain from use of emotional descriptors such as 'unfortunate', and 'pitiful'.

Show Title 38

Emphasize the uniqueness and worth of all children

You should emphasize the uniqueness and worth of *all children* rather than the differences between children. Sometimes we may have a tendency to adopt a "one of them" Vs "one of us" attitude" which can undermine proper acceptance of our children with disabilities.

In order to make our day care services more accessible to children with disabilities and family members, you must develop some basic skills relating to courtesies that should be extended to them, particularly to parents. Let's talk about some of these common courtesies.

Show Title 39

Offer to shake hands

Always offer to shake hands with family members who may have disabilities, even if the person has a disfiguring disability.

Show Title 40

Maintain eye contact

Don't avoid eye contact, but don't stare either. We have a tendency sometimes to either ignore looking at people who appear different or to stare at them. In either case, it can make a person with a disability feel uncomfortable and we want to avoid this.

Show Title 41

Respect people when addressing them

Don't treat the family member patronizingly; if you don't call other adults by their first names, don't make an exception with persons having disabilities. The policy at our day care center is to use the title Mr., Mrs., or Ms. with all parents. If we know that a family member has some other title, e.g., Dr., Senator, then that title should be used to address the person.

Show Title 42

Get information in advance

If you know in advance that a person has a certain disability, or are contacted and told that a person with a disability is coming to the day care center for services, try to get some information that will help you meet the needs of the person when s/he arrives. For example, if it is known that a person with a hearing impairment will be coming to the center to enroll his or her child, and that this person requires an interpreter, arrangements should be made to have an interpreter present so that the transactions can be completed.

Show Title 43

Offer assistance, but wait until your offer is accepted *before* helping

Offer assistance to a person with a disability if you feel like it, but wait until your offer is accepted *before* you help, and listen to any instructions the person may want to give. People react differently to others who make assumptions about what they can do to assist us, so it is best to always ask first.

Show Title 44

Consider physical factors when giving directions

When giving directions to a person in a wheelchair, consider distance, weather conditions, and physical obstacles such as stairs, curbs, and steep hills. If a person has to leave a site and go to another site, such as a building across the street, it is a good practice to ask if the person needs assistance or information about physical conditions to get to the site.

Show Title 45

Allow extra time to say or do things

Be considerate of the extra time it might take for a parent with a disability to get things done or said. Let the parent set the pace in walking and talking. If a parent has difficulty speaking, it may take longer to communicate The parent may have to repeat him/herself several times. Similarly, if the person is unable to speak, but has to write his or her instructions or needs, additional time will be required to communicate. Whatever the situation, you must respect the person's style of communicating and his or her strategy for doing things.

Show Title 46

Speak directly to persons

When talking with a parent who has a disability, speak directly to them rather than through a companion who may be present. It's easy to imagine how a parent might feel in such a situation because we have all had experiences when someone was addressing a companion and ignored us during the interaction. If an interpreter is present with a parent, look at the parent when speaking. The interpreter, in turn, will communicate the message to the parent. The parent

will appreciate the respect that you have shown for them as an individual by speaking directly to them.

So these are some general considerations to keep in mind as we begin to examine our day care centers to make a determination of whether or not we are in compliance with the ADA. Remember that if our attitudes are not positive ones, we cannot expect ourselves to fully comply with the intent and spirit of the ADA by removing barriers.

To accomplish the elimination of barriers, the ADA places day care centers under three different schedules to accomplish a barrier-free environment. These schedules include:

Show Title 47

New construction
Alterations to existing structures
Removal of barriers in existing facilities

Higher standards are imposed on our day care centers when we initiate new construction or make alterations to our existing facilities. What we will focus on today are the requirements for existing facilities.

Show Title 48

Must remove architectural and communication barriers

Day care centers must remove architectural and communication barriers in existing facilities where removal is *readily achievable*, or easily accomplished without much difficulty or expense.

There are a number of guidelines which should be considered when removing barriers, but two of the most important for all centers in Arkansas include:

Show Title 49

Nature and cost of the action.
Overall financial resources

This is determined on a case by case basis. What will be required of one facility will not necessarily be required of others. Larger facilities will have greater responsibilities that smaller ones. But the important thing to remember is that to the extent that barrier removal is readily achievable, you must do something. As an example, widening an entranceway may not be

readily achievable due to structural changes in the design of a wall that would be required. However, installing hardware that would allow a person with a physical disability to open the door and building a ramp to the door may be achievable.

Show Title 50

Barrier removal is an *ongoing process*

Barrier removal is an *ongoing process* and includes both interior and exterior barriers. It does not terminate with the alteration of the existing facility, such as the addition of ramps and lifts. These alterations must also be maintained such that the facility remains accessible to and usable by people with disabilities.

Now we're going to take a 10-minute intermission. When we come back we will discuss a 5-step process for examining your facilities to see if you're in compliance with the ADA.

BREAK

ADA Step-By-Step Checklist For Child Care Centers
Part 2

Welcome back. We've talked about some of the important concepts that are a part of the ADA. Now it's time to examine how we apply them to our day care facilities. You'll find among your participants' materials a checklist that you can use at your center to evaluate your compliance with the ADA. We'll be spending the remainder of our time today discussing how you can use this instrument (see Appendix A).

The first step in this process is to evaluate admissions and operating policies that are in place. Remember that we discussed the fact that inappropriate policies and procedures are frequently a barrier to children and family members with disabilities. We discriminate against family members by engaging in practices such as asking if their children have disabilities, or informing parents that we are not trained to meet the special needs of children with disabilities. Similarly, we have to examine child care practices on-site and make sure that we make appropriate accommodations for young children so that they can enjoy the services that we provide. If you'll look at the instrument in your packet, you'll notice that it is organized into a series of 7 steps. These steps are necessary to provide an overview of barriers which may exist in your program. We'll now examine each of these in turn.

Show Title 51

STEP 1

Evaluate admissions and operating policies

When looking at your admissions and operating policies, you have to think in terms of access barriers. That is, are there written policies that automatically exclude a child with a disability? Do questions on the admission application ask if the child has a disability? Do questions on the admission application ask if a family member has a disability? Remember the 3 categories of disability that we discussed in the first part of our discussion? The ADA prohibits discrimination against children with physical or mental impairments that substantially limits one or more major life activities. It also prohibits discrimination against children with a record of such an impairment as well as those regarded as having an impairment. So we can't deny services solely on the presence of a disability.

What is suggested is that you carefully scrutinize your operating policies and identify any policy or procedure that might deny children or families services. If the policy or procedure is based on the presence of disability alone, then it should be revised.

A frequently asked question by child care providers is whether more tuition can be charged for children with disabilities. Under the ADA child care providers cannot charge more for children with disabilities for the total costs of having to comply with the ADA. Costs must be spread out to all families enrolled, or taken as a tax credit or deduction.

Several tax credits are available that can help day care providers.

Show Title 52

Small Business Tax Credit

Section 44 IRS Code

The first credit is the Small Business Tax Credit. To qualify for this credit you must have gross receipts of less than $1 million or 30 employees or less. You may deduct 50% of your expenditure that exceed $250, but do not exceed $10, 250, or $5,000 maximum.

Show Title 53

Access Tax Deduction

Section 190 IRS Code

The second deduction is the Access Tax Deduction, which any business qualifies for. Under this section, you may deduct $15,000 per year for removal of architectural and communication barriers only.

However, if there are costs associated with the care of the child with a disability that would not have been required under the ADA, these costs may be passed on to families.

Another question that we often hear is whether or not the day care program can refuse to accept children with disabilities because they are concerned their liability rates will increase. The ADA is quite specific on this point, and prohibits the refusal of services because day care providers are concerned that their liability insurance rates will increase.

So we have to ask, do day care centers have to accept all children with disabilities no matter what type or level of disability? The answer here is no. There are situations where providers can legally refuse to accept a child with a disability--if the child poses a direct threat to others, or if providing an accommodation would impose an undue hardship on the provider, or fundamentally alter the program. But each person must be considered on an individual basis. Providers must make good faith efforts to consider children individually.

Of great concern to many providers is whether or not programs can refuse to accept children with disabilities who are not toilet trained. How the ADA affects existing policies that have excluded children with disabilities who are not toilet trained by a certain age is somewhat confusing. One section of the law states that eligibility requirements must not have the effect of screening out people with disabilities, while another part states that services of a personal nature, including eating, dressing, and toileting do not have to be provided--unless they are already a service provided at the facility. So if you have a policy that no assistance is given to any child, an admissions requirement relating to toileting might stand. But if the center changes diapers or provides toileting assistance to any child, the requirement could be considered a violation of the law.

The most important step is that providers and parents sit down together to discuss what the specific needs of the child are, and then see if they are able to meet those needs. If there are costs involved in making accommodations, providers must analyze whether they would pose an undue burden, while remembering that there are tax credits available to help them make these accommodations. Policies and procedures should be modified to the extent that they are readily achievable, or accomplishable without much difficulty or expense.
This will take into consideration the:

Show Title 54

Nature and cost of the action
Overall financial resources

Outside funding might also be secured along with your own resources. So consider these policy issues before making a final decision on whether or not an accommodation would be an undue burden.

If changes required would impose an undue burden, or requiring significant difficulty or expense, then you are required to make changes to the extent that they are readily achievable.

If you answer no to any of the questions noted on your checklist, you should ask yourself what accommodations can be made. Accommodations are changes that reduce or eliminate barriers that children and family members encounter. For example, if a child has poor speech, it is appropriate to pair him or her with more language competent children to provide good models for language usage. If a child has difficulty using his or her hands to grasp objects, it might be appropriate to use some type of velcro wristband to retrieve toys that children may be playing with during a table activity. It might mean adapting snack preparation to meet the needs of a child wih diabetes, or using more visual information during activities that include children with hearing impairments.

Now let's look at step 2.

Show Title 55

STEP 2

Evaluate the building

The second step involves an actual examination of the building in which we provide our day care services. This is a process that is not too time consuming, yet it is critical that we look at our buildings since most of our services are provided within them. In your participant's packets you also have a copy of the proposed ADA guidelines for child care facilities that have been prepared by the Center for Accessible Housing at North Carolina State University.

Show Title 56

The Center for Accessible Housing
North Carolina State University

These are proposed guidelines that were submitted to the Architectural and Transportation Barriers Compliance Board for review. They have not been adopted into the ADA as of this date, but I am told that until these guidelines have been formally approved, they are the only ones that day care centers have to use in evaluating their physical facilities. You'll

also notice that the guidelines contain diagrams for the physical features in your centers. This will make it much easier for you since you now have information about the specific features that are critical for compliance with the ADA. As we talk about these features, remember that you

Show Title 57

Readily achievable

are required to remove barriers to the extent that they are *readily achievable*, or accomplishable without much difficulty or expense. This does not mean that you are required to spend many thousands of dollars making changes in your centers. You are required, however, to do those things that can be accomplished that are within your capability based on the nature and cost of the action, and the overall financial resources that are available to you.

The Department of Justice has proposed some priorities to help day care centers determine which physical barriers should be eliminated first. The purpose of these priorities is to facilitate long-term business planning and to maximize the degree of effective access that will result from any given level of expenditure. These priorities *are not mandatory*. Public accommodations are free to exercise discretion in determining the most effective "mix" of barrier removal measures to undertake in their facilities.

Show Title 58

Priority 1

Entry into the facility

The regulations suggest that a public accommodation's first priority should be to enable individuals with disabilities to physically enter its facility. This priority on "getting through the door" recognizes that providing physical access to a facility from public sidewalks, public transportation, or parking is generally preferable to any alternative arrangements in terms of both business efficiency and the dignity of individuals with disabilities.

Show Title 59

Priority 2

Access to service areas

The next priority is for measures that provide access to those areas of a place of public accommodation where goods and services are made available to children.

Show Title 60

Priority 3

Access to restrooms

The third priority should be providing access to restrooms, if restrooms are provided for use by children.

Show Title 61

Priority 4

Any remaining barriers

The fourth priority is to remove any remaining barriers to using the facility by, for example, installing visual alarms, lowering serving counters in cafeterias, storage facilities, and library bookshelves. Remember, the barriers that you identify for your facility will be different from those identified by other programs. Your resources are also different from other programs, so there will be great variability across programs regarding barrier removal responsibilities. There is no single set of barriers that all programs have to remove, nor is there a specific dollar amount that must be expended to remove barriers. It is determined on a case-by-case basis.

Let's look now at some of the specific features of your buildings that are important when you examine your facility.

Show video segment of the parking lot and child exiting van/car

Audio:

The parking lot should have at least one 96" parking space with a 60" aisle close to the main entrance. There should also be a vertical sign denoting the international symbol of access (**video**), and the parking aisle should connect to an accessible pathway that leads into the building.

Show video segment of child in wheelchair entering building

Audio: Children should be able to enter the building independently. If not, staff should be available to assist them to enter building. This includes pushing wheelchairs and opening doors for children.

Show video segment of child using ramp to get in building

Audio: If front entrances are elevated, and do not have an entrances connected directly to the an accessible pathway, there should be a ramp 36" wide with a slope of 1 inch in height for every foot of horizontal distance.

Show video segment of child going through doorway

Audio: All doors on the exterior of the facility should be at least 36" wide and have hardware that does not require grasping and twisting of the wrist. Doors on the interior of the facility should be a minimum of 32" in width.

Show video segment of entrance door and child opening it

Audio: The entrance door should be able to be opened with less than 5 pounds of pressure for kindergarten age children and 3 pounds of pressure for pre-kindergarten age children.

Show video segment of threshold with ruler next to it

Audio: The entrance door threshold should not be more than 1/2" in height. Otherwise, it is very difficult for children to push their wheelchairs over the threshold and it can trip children who have difficulty picking up their feet as they walk.

Show video segment of child entering restroom

Audio: The building design should allow children using wheelchairs to independently access restrooms. If it is not "readily achievable" to make restrooms accessible for wheelchairs, due to cost constraints or structural design, staff members can help the child get to and from the potty and wash their hands. Stools or steps may be used to accommodate these needs. Doors should be at least 32" in width.

Show video segment of child approaching sink and using faucet handles, knees underneath sink, and reaching for a paper dispenser

Audio: Sinks and potties should be accessible, or policies should be in place for children's needs to be accommodated if they cannot use these facilities.

Show video segment of child using drinking fountain

Audio: Drinking fountain spouts should be no more than 30" from floor. Alternatively, stools or steps can be used to provide children with access to the drinking fountain.

These are just a few of the areas that you should examine when attempting to determine whether your facility is accessible to children. The guidelines that you have been provided with

that were developed by the Center for Accessible Housing should be used along with the accessibility checklist to identify physical barriers in the building.

Now let's look outside the building and think about some things that need to be addressed.

Show Title 62

STEP 3

Evaluate playgrounds

Playgrounds are important features of any day care program. Since we are all aware of the importance of play as a means for helping children develop mentally and physically, then it is through play that we can help children make progress in a number of areas. Our function as day care providers is to support developmentally appropriate play efforts in our programs.

Much of what young children learn occurs in play settings *that they direct.* But if children with disabilities are unable to access our playgrounds, they will be unable to enjoy the same kinds of self-directed learning experiences that other children enjoy. Consequently, we must be sure that features of the playground are accessible as are other aspects of our programs.

Show video segment of child is wheelchair being helped to playground and/or child using accessible path to get to equipment

Audio: First, you should decide whether it is readily achievable to make the playground independently accessible. We might have a tendency to think that this requires expensive playground equipment developed specifically for children with disabilities. But accessibility can be ensured more often than not simply by making pathways that lead to elements of the playground accessible. This means smooth, wide pathways that connect the exit door of the building to the playground.

These pathways should also link all the playground equipment so that children with disabilities and staff who may be assisting them can move freely among the available equipment.

So getting to the equipment is our first consideration. Then we have to think about how children with disabilities can actually use the equipment. Some children who have physical disabilities will be unable to sit in swings. Some type of seat belt is a simple accommodation that can be made for many children that allows them to use the equipment as well as ensuring

safety during use. Here you also see a child that has a simple support frame made out of PVC pipe that allows her to sit upright in the sand box and participate with other children.

If it is not "readily achievable" to make your playground area independently accessible, you should ask if your staff can help the child get to and from the playground, and participate in outdoor activities. Families have both the right and responsibility to share in decisions about their children's care. Families should be encouraged to observe and participate. Day care workers are responsible for establishing and maintaining frequent contacts with families. When considering playground accommodations for children with disabilities, it is important for parents to be aware of what has been done to meet the needs of their children and agree to the accommodations that are provided. They may have other recommendations that could be useful or needs for the child that you have not identified.

While the ADA Guidelines nor the Center for Accessible Housing have not specifically addressed playgrounds, there are some guidelines that may prove helpful in attempting to design accessible playgrounds. The U. S. Consumer Product Safety Commission has published a document titled

Show Title 63

Public Playground Handbook for Safety
U.S Consumer Product Safety Commission
Washington, DC 20207

which may be obtained by writing the U.S Consumer Product Safety Commission.

O.K., so let's turn our attention to staff issues.

Show Title 64

STEP 4
Evaluate staff

Day care workers can help young children with disabilities develop their self-concepts by respecting, accepting, and comforting them. One thing that we must all accept is that children do things that are normal for kids. They are messy, cry and resist adult direction, are aggressive, break rules, are sometimes untruthful...all these behaviors are generally seen in our day care settings. We must be able to guide children appropriately when these kinds of behaviors occur. The nature of our guidance will communicate whether or not we respect children. If the

guidance is developmentally appropriate, it will help children to understand and grow. Our guidance should be directed toward helping children develop self-control and make decisions in the future.

Adult behaviors that are *never* acceptable toward children include the following:

Show Titles 65

Screaming in anger

Neglect

Giving physical or emotional pain

Criticism of a child or their family

Laughing at children's behavior

Discussing children's behavior in their presence

(by ridiculing, blaming, teasing, name calling, threatening or using frightening or humiliating punishment). It is essential that staff treat children of all abilities/disabilities with equal respect and consideration.

Show Title 66

Adequate number of staff

We must also determine if there is an number of staff is adequate to provide quality care for all children. If we are working with 3- to 5-year-old children, our day care environment should be open enough to allow children freedom of movement, but not so large that adults are unable to be responsible for the children at all times.

Children in all day care programs must be protected from unauthorized adults and older children. Families will identify who may visit or pick children up at the program. It is important that families be welcome visitors in the program, but we should make provisions for limited access to buildings, careful and close supervision of outdoor play areas, and policies that demand that visiting adults check with the administrative office before entering the children's areas.

Show Title 67

Staff meet all children's needs

Staff must be able to several techniques to accommodate all children's individual needs. These include managing time carefully, evaluate individual needs of all children, planning and scheduling daily routines for all children, and developing creative activities and material to include all children.

Not only is it important for staff in our programs to accommodate individual needs, but they need to be able to care for children.

Show Title 68

Staff have learned to care for children

Children with disabilities often have special needs that require staff to receive training in order to be able to provide appropriate services to the children. Parents have frequently developed specific strategies designed to care for their child. Sometimes, special teachers or therapists that work with the child outside the day care setting may need to be brought in to provide special training. And finally, there are many workshops on children with disabilities that staff may attend to develop skills necessary to most effectively serve these children.

But staff must also be willing to learn new techniques. Remember we'd discussed the importance of overcoming attitude barriers in implementing the ADA. If staff attitudes are negative, and there is resistance to learning new things and trying to meet the needs of children with disabilities, compliance with the ADA will be difficult at best.

Show Title 69

Staff are willing to learn new techniques

Staff should be willing to learn new teaching techniques for:

Show Title 70

Feeding

Behavior management

Adapting learning centers

Language skill development

Use of special equipment

Show Title 71

Step 5

Evaluate policies and procedures

It's also very important that we examine the developmental appropriateness of services in your programs. When we consider developmental appropriateness, it's like looking at two sides of a coin. On one side, we have to consider whether the program and the things we do in the program are age appropriate. We know, for example, that there are certain things children may and may not be expected to do at certain age levels. On the other side of the coin, we have to consider whether the things we do are appropriate for the individual child. This assumes that we recognize each child in our day care programs as being unique, and that he or she has an individual pattern of growth, as well as individual personality, learning style, and family background. It is important that both the day care curriculum -- whatever is used -- *and* adults' interactions with children be responsive to these individual differences. If we accept the idea that learning in young children is the result of interactions between the child's thoughts and experiences with materials, ideas, and people, then the activities that we use in our day care settings should match the child's developing abilities. The experiences should also challenge the child's interest and understanding.

Day care workers help children to complete tasks by giving physical support, attention, physical closeness, and words of encouragement. If we accept the idea that much of what children learn early in life is through trial and error learning, then making mistakes is a part of the learning process. Children learn from their own mistakes. We must try to help children when they make mistakes by encouraging them to try again or to find alternative solutions. One way to help to children is to plan may open-ended activities that have more than one right answer. In doing this, *we must be careful to place value on the unique responses of all children.* These are just a few examples of how accommodations can be made to meet the special needs of children without much difficulty or expense. Keep in mind that parents can help you identify many accommodations. Other professionals that might be working with the child, such as occupational and physical therapists, and speech/language pathologists can provide recommendations on specific accommodations for children with disabilities.

Show video segment of child with hearing impairment being accommodated by staff member

When necessary, modifications are made to meet the needs of a child who is deaf or has a hearing disability.

Show video segment of children playing with adapted toy

Also, modifications can be made in toys, materials, and activities to meet the needs of children with disabilities.

Show video segment of child with augmentative communication device and staff member

When necessary, staff should provide individual assistance to meet children's special needs.

So these are just a few ways that children's special needs can be accommodated simply by changing the way that we do things...and they don't require a lot of money...only changes in attitudes followed by getting the needed information and applying it in our programs.

Another step in the process of assessing our programs is to look at the emergency procedures that are in place.

Show Title 72

Step 6

Evaluate emergency procedures

Emergency procedures should ensure safe evacuation for children with disabilities. Either sound or flashing lights systems should signal an emergency or a staff member rings a loud bell or flash lights to signal an emergency. For children with physical disabilities, it may be necessary to provide assistance in getting out of the building, and personnel responsible for providing this assistance should be clearly identified.

Finally, we have to evaluate our transportation vehicles.

Show Title 73

Step 7

Evaluate transport vehicles

Policies should be in place regarding use of seat belts. The trunk and roof space of the car or truck has space for wheelchairs or crutches or an additional vehicle can be used to transport any equipment used by the child. Staff who will be responsible for loading and unloading children should be provided with proper training in procedures and use of transportation equipment.

You have a number of resources listed in your participants packets that I want to call your attention to now. Of particular importance are the ADA Guidelines and technical assistance manuals which may be of great assistance to you as you strive to make your programs accessible. These materials may be obtained by contacting the Department of Justice and the Equal Employment and Opportunity Commission. They have 800 numbers to assist you in placing orders for the information. The Southwest Disability and Business Technical Assistance Center can provide information and materials relating to virtually any ADA question that you may have. Here in Arkansas we have the ADA roundtable which has trained over 65 people statewide to assist local communities to come into compliance with the law.

I'll be pleased to address any questions that the viewers have at this point.

APPENDIX A

Participants' Materials

ADA Step-By-Step Checklist For Day Care Programs

STEP 1

I evaluated my admissions and operating policicies to ensure they do not discriminate against children with disabilities.

	YES	NO
Do policies automatically exclude a child with a disability?		
Do questions on the admission application ask if the child has a disability?		
Do questions on the admission application ask if a family member has a disability?		
Are policies are clear and include working with all parents to provide developmentally appropriate activities for each child?		

If NO, what accommodations can be made?

STEP 2

I have evaluated my building to ensure it is accessible to children with disabilities.

	YES	NO
Wheelchairs can enter my building: • Staff are available to assist a child in a wheelchair to enter building; **or** • Building entrance accommodates independent access by children using wheelchairs.		
The parking lot has at least one 96" parking space with a 60" aisle close to the main entrance.		
The front entrance has a ramp 36" wide with a slope of 1 inches in height for every foot of horizontal distance.		
Doors are at least 32" wide.		
The entrance door threshold is not more than 1/2" high.		
The entrance door can be opened with less than 5 pounds of pressure (for kindergarten age); 3 pounds for pre-kindergarten age.		
Children in wheelchairs have access to restrooms: • It is not "readily achievable" to make restrooms accessible for wheelchairs. However, staff can help the child get to and from the potty and wash hands. I can provide stools or steps to accommodate these needs. The child's family agrees to the accommodation; **or** • Building design allows children using wheelchairs to independently access restrooms.		

STEP 2 (continued)

I have evaluated my building to ensure it is accessible to children with disabilities

	YES	NO
Children in wheelchairs have access to restrooms: • It is not "readily achievable" to make restrooms accessible for wheelchairs. However, staff can help the child get to and from the potty and wash hands. I can provide stools or steps to accommodate these needs. The child's family agrees to the accommodation; **or** • Building design allows children using wheelchairs to independently access restrooms.		
Doors are at least 32" wide.		
The toilet is accessible: • Toilet: 111/2" to 15" to top of seat from floor. • Urinal: 14" maximum to basin opening. • Grab Bars: 18" to 27" to top.		
A sink is accessible: • Height no greater than 30" to edge. • Faucets no more than 14" from leading edge. • Clearance of 27" of knee space from bottom rim to floor. • If there are two lavatories, at least one is no higher than 22" . • Faucets are easily operable without grasping and twisting of wrist. • Dispensers are within easy reach of children (>20" and <36" from floor)		
Children can take care of their grooming needs: • Mirrors are no more than 30" from floor.		
Drinking fountain spouts are no more than 30" from floor.		

If NO, what accommodations can be made?

STEP 3

I have evaluated my playground to ensure it is accessible to children with disabilities.

	YES	NO
The playground is accessible for the child who uses a wheelchair or walks with crutches: • It is not "readily achievable" to make my playground area independently accessible; however, my staff can help the child get to and from the playground, and participate in outdoor activities. The child's family agrees to these accommodations; **or** • Ramps and smooth surfaces connect the building to the playground.		

STEP 3 (continued)

I have evaluated my playground to ensure it is accessible to children with disabilities.

	YES	NO
A variety of safe outdoor equipment is available for every child to use (e.g., sand piles, garden areas, table games, art areas).		

If NO, what accommodations can be made?

STEP 4

I have evaluated my staff to ensure they can care for children with disabilities.

	YES	NO
Staff treat childlren of all abilities/disabilities with equal respect and consideration.		
The number of staff is adequate to provide quality care for all children.		
Staff use the following techniques to accommodate all children's individual needs: • Manage time carefully. • Evaluate individual needs of all children. • Plan and schedule daily routines for all children. • Develop creative activities and material to include all children.		
Staff have learned how to care for children with disabilities: • Parents have taught staff how to care for their child. • If necessary, special teachers or therapists have provided training. • Staff have attended workshops on children with disabilities.		
Staff are willing to learn new teaching techniques for: • Feeding • Behavior management • Adapting learning centers • Language skill development • If necessary, staff know how to use special equipment or materials such as bolsters, standers, corner chairs, or communication boards. • Staff always follow recommended handwashing practices and precautions on handling blood and other bodily secretions.		

If NO, what accommodations can be made?

STEP 5

I have evaluated my policies and procedures to ensure all children can participate in all activities.

	YES	NO
When necessary, modifications are made in the environment to meet the needs of a child who is blind or has a visual disability.		
When necessary, modifications are made to meet the needs of a child who is deaf or has a hearing disability.		
When necessary, modifications are made in toys, materials, and activities to meet the needs of children with disabilities.		
When necessary, modifications are made in the schedule to meet the needs of children with disabilities.		
When necessary, staff provide individual assistance to meet children's special needs.		

If NO, what accommodations can be made?

STEP 6

I have evaluated my emergency procedures to ensure safe evacuation for children with disabilities.

	YES	NO
Either sound or flashing lights systems signal an emergency or a staff member rings a loud bell or flash lights to signal an emergency. **or** A designated staff member and backup staff member are responsible for the safe exit of the child.		

If NO, what accommodations can be made?

STEP 7

I have evaluated my transport vehicles to ensure safe travel for children with disabilities.

	YES	NO
Child seats and seat belt usage is enforced. The trunk and roof space of the car or truck has space for wheelchairs or crutches or an additional vehicle can be used to transport any equipment used by the child.		

If NO, what accommodations can be made?

Americans with Disabilities Act Resources

Civil Rights Division
Office on the Americans with Disabilities Act
U.S. Department of Justice
P.O. Box 66118
Washington, D.C. 20035-6118
(202) 514-0301 (voice); (202) 514-0383 (TDD)

Regulations, technical assistance, and enforcement for Titles II (public services) and III (public accommodations).

Equal Employment Opportunity Commission
1801 L Street NW
Washington, D.C. 20507
800-669-EEOC (voice); 800-800-3302 (TDD)

Regulations, technical assistance, and enforcement for Title I (employment).

Department of Transportation
400 Seventh Street SW, Room 10424
Washington, D.C. 20590
(202) 366-9305; (202) 755-7687 (TDD)

Regulations, technical assistance, and enforcement for Titles II and III transportation provisions.

Architectural and Transportation Barriers Compliance Board
1111 18th Street NW, Suite 501
Washington, D.C. 20036
800-USA-ABLE; 800-USA-ABLE (TDD)

Americans with Disabilities Act Accessibility Guidelines (ADAAG) required under title III (public accommodations) and technical assistance on architectural, transportation, and communications accessibility issues.

Federal Communications Commission
1919 M Street NW
Washington, D.C. 20554
(202) 632-7260 (voice); (202) 632-6999 (TDD)

Regulations, technical assistance and enforcement for Title IV (communications).

Southwest Disability and Business Technical Assistance Center
2323 South Shepherd Blvd., Ste. 1000
Houston, TX 77019
(713) 520-0232; (713) 520-5136 (TDD)

One-stop regional center serving Arkansas, Louisiana, New Mexico, Oklahoma, and Texas; serves as source of information, training and technical assistance to employers, public accommodations, public service providers, and people with disabilities.

Center for Health Research
Eastern Washington University
MS-10, Hargreaves 217
Eastern Washington University
Cheney, WA 99004-6567
(509) 359-6567

Has produced 8 videotapes, accompanying printed materials, and a videotaped public service announcement to serve as training and resource materials for use by daycare centers. Will distribute materials nationally to daycare provider/trainers, and will conduct training for daycare providers nationwide.

The Center for Accessible Housing
North Carolina State University
219 Oberlin Road
Raleigh, NC 27605
(919) 515-3082; (919) 515-3023 (FAX)

Has developed a set of recommendations for accessibility standards for children's environments where children of all ages with disabilities are a majority of the user population. These recommendations have been submitted to the Architectural and Transportation Barriers Compliance Board for review and consideration as supplements to the Uniform Federal Accessibility Standards which are a component of the ADA Guidelines.

Landscape Structures, Inc.
Rt. 3, 601 7th Street
Delano, Mn 55328
(800) 328-0035

Provides free packet of materials regarding safe/accessible playgrounds, including *Public Playground Handbook for Safety* and *Equal Access, Equal Play.*

Child Care Law Center
22 Second Streetn 5th Floor
San Francisco, CA 94105

Has received funding from the U.S. Department of Justice to work on implementing the ADA for child care providers. Will be developing a range of materials and products for use in early childhood settings.

Arkansas ADA Roundtable
10002 West Markham, Ste. B7
Little Rock, AR 72205
(501) 221-1330

Has information regarding network of over 60 ADA regional consultants in Arkansas who have received ADA training from the Disability Rights, Education and Defense Fund (DREDF). Provides technical information and training on request.

Arkansas Easter Seal Society
2801 Lee Avenue
Little Rock, AR 72205
(501) 663-8331; 660-1056

Provides (1) site audit services on a fee-for-service basis, (2) technical information on request, and (3) reasonable accommodations (i.e., computer, augmentative communication, and environmental control evaluations) on a fee-for-service basis.

Arkansas Disability Coalition
10002 West Markham, Ste. B7
Little Rock, AR 72205
(501) 221-1330

Provides site audit services to the Central Arkansas area on a fee-for-service basis and technical information.

Arkansas Relay Service
700 Union National Plaza
124 W. Capitol Ave.
Little Rock, AR 72201
(501) 372-4854; (501) 372-1341 (TDD)

Links people who are deaf, deaf-blind, hard of hearing and have speech impairments to people having normal hearing through the telephone.

Day Care Accessibility and the Americans with Disabilities Act

Proposed Physical Facility Guidelines for Service Providers

The following guidelines have been developed by the Center for Accessible Housing, North Carolina State University, and submitted to the Architectural and Transportation Barriers Compliance Board for review and consideration as supplements to the Uniform Federal Accessibility Standards. Permission to reprint the enclosed information has been granted by the Center for Accessible Housing.

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4.2 Space Allowances and Reach Ranges.

All provisions apply with the following additions:

4.2.1 Wheelchair Passage Width is supplemented by:
For children using wheelchairs, the minimum clear width for single wheelchair passage shall be 44 in (1118 mm).

4.2.2 Width of Wheelchair Passing is supplemented by:
For children using wheelchairs, the minimum clear width for two wheelchairs to pass shall be 88 in.(2235 mm).

4.2.5 Forward Reach is supplemented by:
For accessible design features used by children, the maximum high forward reach shall be 36 in (914 mm) and the minimum low forward reach shall be 20 in (508 mm).

Reserve: High forward reach over an obstruction. Insufficient data is available. The applicability of the Bails & Seeger data was questioned by the research team and Advisory Committee. The opinion of the consensus group was that more information was needed. There is also a question about the accuracy of the measures shown in Fig. 5(b) of the current edition of the UFAS standards.

4.2.6 Side Reach is supplemented by:
For accessible design features used by children, the maximum high side reach shall be 36 in (914 mm) and the minimum low side reach shall be 20 in (508 mm).

Reserved: High side reach over an obstruction. Insufficient data is available. The applicability of the Bails & Seeger data was questioned by the research team and Advisory Committee. The opinion of the consensus group was that more information was needed.

4.3 Accessible Route.

All provisions apply with the following additions:

4.3.3 Width is supplemented by:
In environments used by children, the minimum clear width of an accessible route shall be 44 in (1118 mm)or 88 in (2235 mm) in situations where wheelchairs must pass.

4.3.4 Passing Space is supplemented by:
In environments used by children, passing spaces shall be provided 74 in (1879 mm) wide and no more than 100 ft (30 m) apart.

4.3.6 Surface Textures is supplemented by:
In environments used by children, the surface of an accessible route shall comply with 4.5.

4.3.7 Slope
No modifications recommended.

4.3.8 Changes in Levels
No modifications recommended.

4.4 Protruding Objects.

All provisions apply with the following additions:

4.4.1 General is supplemented by:
In environments used by children, if objects protrude 4 in (102 mm) or more from the wall, then the object must extend to the floor (see modified Fig. 8(a)).

Any object extending more than 1 in (25 mm) from a wall and located below 30 in (762 mm) above the floor level must extend to the floor (see modified Fig. 8(a)).

4.4.2 Head Room is supplemented by:
In environments used by children (see modified Fig. 8(c)).

4.5 Ground and Floor Surfaces.

All provisions apply with the following additions:

4.5.1 General is supplemented by:
Paved and hard surfaces of all accessible routes and use areas shall be of an even surface.

4.5.3 Carpet is supplemented by:
In environments used by children, the maximum pile height shall be 1/4 in (6 mm).

4.5.4 Gratings is supplemented by:
In *interior* environments used by children, gratings located in walking surfaces shall have spaces no greater than 1/4 in (6 mm) in one direction.

In *exterior* environments used by children, gratings located in walking surfaces shall have spaces no greater than 1/2 in (13 mm) in one direction. Gratings located in an exterior accessible route shall have spaces no greater than 1/4 in (6 mm) in one direction.

4.6 Parking and Passenger Loading Zones

All provisions apply with the following addition:

4.6.5 Passenger Loading Zone is supplemented by:
In environments used by children, loading zones shall be protected from the weather and an access aisle 12 by 50 feet (4 by 15 meters) shall be provided. If an accessible route leading to an accessible loading zone is covered, then the cover must extend to the accessible loading zone.

4.6.6 Vertical Clearance is supplemented by:
In environments used by children, minimum clear vertical clearance between the vehicular paving and the underside of the cover shall be 15ft (5 m).

4.6.7 Cover (additional requirement):
In environments used by children arriving and departing by bus, a protective cover shall extend the length of the loading area. The covered protection directly over waiting cars and/or buses shall be a minimum of 20 ft (6 m) in length and extend a minimum of 6ft (2 m) over the stopped vehicle's drop-off lane or aisle.

4.7 Curb Ramps

All provisions apply with the following addition:

4.7.1 Location
Curb ramps complying with 4.7 shall be provided wherever an accessible route crosses a curb. Curb ramps are not necessary where there is no level change between the sidewalk and the street.

4.8 Ramps

All provisions apply with the following addition:

4.8.2 Slope and Rise is supplemented by:
In environments used by children, the maximum slope of a ramp in shall be 1:20. Where 1:20 is not feasible, the minimum feasible slope must be built to insure access and useability by children. When 1:20 is not feasible, a maximum slope of 1:16 is permitted.

In alterations, when a 1:16 ramp is technically unfeasible, a maximum slope of 1:12 will be permitted if the level change does not exceed 6 in (152 mm).

The maximum horizontal run for any slope shall be 20 feet (6 meters).

4.8.3 Clear Width is supplemented by
In environments used by children, the minimum clear width of ramps shall be 44 in (1118 mm). The minimum clearance width for two wheelchairs to pass shall be 88 in (2235 mm).

4.8.4 Landings is supplemented by:
(5) When a turn into vehicular traffic is required at the bottom of a ramp, the turn must be located beyond the 60 in (1524 mm) clear landing.

4.8.5 Handrails is supplemented by:
(5) In environments used by children, the top of handrail gripping surfaces shall be mounted between 16 in (406 mm) and 26 in (660 mm) (depending on the ages of the children served), in addition to the UFAS standard handrail gripping surfaces mounted between 30 in (762 mm) and 34 in (864 mm) above ramp surfaces.

4.9 Stairs

All provisions apply with the following addition:

4.9.4 Handrails (stair) is supplemented by:
In environments used by children, a second handrail shall be provided with gripping surfaces mounted between 16 and 26 in (406 and 660 mm) (depending on the ages of the children being served), in addition to the UFAS standard handrail gripping surfaces mounted between 30 in (762 mm) and 34 in (864 mm) above stair nosings.

4.9.5 Detectable Warnings at Stairs is supplemented by:
In environments used by children, a combination of two or more different types of warnings shall be provided, extending a minimum of 36 in (914 mm) from the top nosing. Detectable warnings shall contrast from the adjacent walkway surface through the use of sound, resilience, texture and/or inclined surfaces as warning cues.

Physical barriers such as gates, doors, or bollards should be used on exterior stairs to prevent wheelchair access to the stair.

4.10 Elevators

All provisions apply with the following additions:

4.10.3 Hall Call Buttons is supplemented by:
Call buttons in elevator lobbies and halls, which are to be used by children, shall be at a maximum height of 36 in (914 mm) above the floor to the top of upper button (see modified Fig. 20). Call buttons shall be a minimum of 1 1/2 to 2 in (38 to 51 mm) diameter and a minimum of 1 in (25 mm) apart. The "up" button shall be on top.

4.10.5 Raised Characters on Hoistway shall be supplemented by:
At hoistway entrances used by children, the centerline of the characters shall be 36 to 48 in (914 to 1219 mm) above the floor.

4.10.9 Floor Plan of Elevator Cars
No data could be found to support the Florida 1 in (25 mm) wide clearance standard instead of UFAS 1 1/4 in.(32 mm) Consensus meeting group did not consider it to be a critical issue. Therefore, the existing UFAS standard is recommended.

4.10.12 Car Controls is supplemented by:
(3) All floor buttons to be used by children shall be no higher than 36 in (914 mm) above the floor. (See modified Fig. 23(b)). Emergency controls, including the emergency alarm and emergency stop, shall be grouped at the bottom of the panel and shall have their centerlines no less than 24 to 30 in 610 to 762 mm) above the floor (see modified Fig. 23(b)).

4.10.14 Emergency Communications is supplemented by (same as ATBCB recommendation):
The highest operable part of a two-way communication system to be used by children shall be a maximum of 36 in (914 mm) from the floor of the car. It shall be identified by a raised symbol and lettering complying with 4.30, as supplemented by these recommendations, and located adjacent to the device. If the system is located in a closed compartment, the compartment door hardware shall conform to 4.27, Controls and Operating Mechanisms, as supplemented by these recommendations.

Note: Elevators to be used exclusively by adults (e.g., freight elevators) would follow the specifications in UFAS 4.10. Elevators to be used by both children and adults may follow these recommended specifications (which, though lower, should be usable by adults, including those in wheelchairs); or alternatively, one set at the UFAS 4.10 height and one set at heights appropriate for children.

4.13 Doors

All provisions apply with the following addition:

4.13.8 Thresholds at Doorways is supplemented by:
Thresholds at external doorways used by children shall not exceed 1/2 in (13 mm).

4.13.9 Door Hardware is supplemented by:
Hardware required for accessible doors used by children shall be mounted no higher than 30 to 34 in (762 to 864 mm) above the floor. If the hardware is a panic bar, it shall be mounted 30 to 36 in (762 to 914 mm) above the floor.

4.13.11 Door Opening Force is supplemented by:
The maximum force for pushing or pulling open a door used by children shall be as follows:

Pre-kindergarten	3 lbf
Kindergarten and older	5 lbf

4.15 Drinking Fountains and Water Coolers

All provisions apply with the following additions:

4.15.2 Spout Height
(Same as ATBCB Recommendation.). Spouts on drinking fountains and water coolers used by children shall be no higher than 30 in (762 mm), measured from the floor or ground surfaces to the spout outlet. (See modified Fig. 27(a))

Note: Placement at the children's height requirement will also meet the adult height requirement in spaces used by both children and adults.

4.15.4 Fountain controls is supplemented by:
Controls used by children shall be push bar and electronic type and hand operable. The push bar shall be front or front and side mounted.

4.15.5 Clearances is supplemented by:
(1) Wall- and post-mounted cantilevered units used by children shall have a knee space between the bottom of the apron and the floor or ground a minimum of 24 in (610 mm) high, 17 in (432 mm) deep and 36 in (914 mm) wide to the sides of the recess.

4.16 Water Closets

All provisions apply with the following additions:

4.16.3 Height is supplemented by:
The height of water closets used by children shall be measured to the top of the toilet seat (see modified Fig. 29(b)):

Pre-kindergarten	11 1/2 to 12 1/2 in. (292 to 318 mm)
Kindergarten to third grade	12 to 15 in. (305 to 381 mm)
Fourth grade and older	15 to 17 in. (381 to 432 mm)

.16.4 Grab Bars is supplemented by:

16.4a 18 to 20 in (457 to 508 mm) above the floor to top of side bar; no back bar.
20 to 25 in (508 to 635 mm) above the floor to top of side bar.* 25 to 27 in (635 to 686 mm) above the floor to top of side bar.*

* Consensus group noted that there is a need to check height of tank/flush valve (industry standard). Side bar heights will likely not work at back. If so, back bar to be at lowest height to permit free hand movement along bar.

4.16.4b (New requirement; no parallel in 4.16.4, except as shown in Fig. 28)
Distance from the center line of the bowl to wall on which side grab bar is mounted shall be:

Pre-kindergarten	11 in (279 mm).
Kindergarten to third grade	11 to 15 in (279 to 381 mm).
Fourth grade and older	15 to 18 in (381 to 457 mm).

4.16.4c (New requirement here - currently governed by rail/bar diameter 4.26.2).
Nominal diameter of grab bars in toilets to be used by children shall be:

Pre-kindergarten	1 in. (25 mm).
All others	1 to 1 1/4 in (25 to 32 mm).

4.16.5 Flush Controls is supplemented by:
Controls for flush valves on water closets used by children shall be mounted on the wide side of toilet areas within 20 to 30 in (508 to 762 mm) above the floor.

4.16.6 Dispensers is supplemented by:
Toilet paper dispensers used by children shall be installed above the finished floor, on cenetr, as follows:

Pre-kindergarten	14 in. (356 mm)
Kindergarten to third grade	14 to 17 in. (356 to 432 mm)
Fourth grade and older	17 to 19 in. (432 to 483 mm)

The leading edge of the dispenser shall be parallel to the front of the bowl (see modified Fig. 29).

4.17 Toilet Stalls

All provisions apply with the following additions:

4.17.3 Size and Arrangement is supplemented by:
Toilet stalls used by children shall comply with the existing standard, with the exception of the alternate 36 in (914 mm) wide stall (existing UFAS Fig. 30(b), which is deleted from this standard.

4.17.4 Toe Clearance is supplemented by:
In standard stalls used by children, the front partition and at least one side partition shall provide a toe clearance of at least 9 in (229 mm) (pre-kindergarten) to 12 in (305 mm) (kindergarten and older age groups) above the finished floor.

4.17.6 Grab Bars is supplemented by . . .
As per 4.16.4

4.18 Urinals

All provisions apply with the following additions:

4.18.2 Height:
Accessible urinals used by children shall be stall-type, or wall-hung with an elongated rim at a maximum of 14 in (356 mm) above the floor.

4.18.4 Flush Controls is supplemented by:
Flush controls on urinals used by children shall be mounted no more than 30 in (762 mm) above the floor.

4.19 Lavatories and Mirrors

All provisions apply with the following additions:

4.19.2 Height and Clearance is supplemented by:
Lavatories used by children shall be mounted with the rim or counter surface no higher than 30 in (762 mm) above the finished floor. A clearance of at least 27 in (686 mm) shall be provided from the floor to the bottom of the apron. Knee and toe clearance shall comply with modified Fig. 31. When two or more lavatories are provided in facilities used by pre-kindergarten children, one lavatory with the counter surface no higher than 22 in (559 mm) above the floor shall be provided.

4.19.3 Lavatory Clear Floor Space is supplemented by:
For lavatories used by children, complying with 4.2.4, a clear floor space of 36 in by 55 in (914 by 1397 mm) shall be provided in front of a lavatory to allow forward approach. Clear floor space should not have a slope steeper than 1:50. When lavatory faucets are provided on the side of the rim or counter surface, 32 in (813 mm) clear space shall be provided on the side upon which the faucet is mounted.

4.19.5 Lavatory Faucets is supplemented by:
Lever or push-button faucets shall be mounted on the face of the front apron or on the rim or counter surface no greater than 14 in (356 mm) from the leading edge of the front apron. Force vectors on push-button controls shall be less than 90° and in compliance with 4.27.4. Alternatively, electronic controls can be provided.

4.19.6 Mirrors is supplemented by:
Mirrors used by children shall be mounted over the accessible lavatory with the bottom edge of the reflecting surface no higher than 30 in (762 mm) from the floor or as low as possible if there are conflicts with the faucet handle or backsplash. (See modified Fig. 31.)

If mirrors are provided, a full length mirror shall be provided with the bottom edge no higher than 18 in (457 mm) from the floor and no less than 30 in (762 mm) in length.

4.21 Shower Stalls

All provisions apply with the following additions:

4.21.3 Seat is supplemented by:
The seat provided in shower stalls used by children shall be mounted 12 to 17 in (305 to 432 mm) from the bathroom floor (depending on the ages of the children) and shall extend the full depth of the stall.

4.21.5 Controls is supplemented by:
Faucets and other controls in shower stalls used by children complying with 4.27.4 shall be located as shown in modified Fig. 37 (i.e., at a maximum height of 36 in (914 mm)).

4.22 Toilet Rooms

4.22.1 Minimum Number.
This is a scoping issue and therefore outside the frame of reference of the current project.

4.23 Bathrooms, Bathing Facilities, and Shower Rooms

4.23.1 Minimum Number.
This is a scoping issue and therefore outside the frame of reference of the current project.

4.24 Sinks

All provisions apply with the following additions:

4.24.2 Height is supplemented by:
Sinks used by children shall be mounted with the counter or rim no higher than 30 in (762 mm) from the floor.

4.24.3 Knee Clearance is supplemented by:
Sinks used by children shall provide knee clearance that is a minimum of 24 in (610 mm) high, 17 in (432 mm) deep and 36 in (914 mm) wide.

4.24.5 Clear floor space is supplemented by:
When lavatory faucets are provided on the side of the rim or counter surface, 32 in (813 mm) clear space shall be provided on the side upon which the faucet is mounted.

4.24.7 Faucets. Faucets shall comply with 4.19.5. Levr-operated, push-type, touch-type, or electronically controlled mechanisms are acceptable designs.

4.25 Storage

All provisions apply with the following addition:

4.25.3 Height is supplemented by:
Accessible shelves and hooks in storage spaces used by children shall be a maximum of 36 in (914 mm) above the floor. (See modified Fig. 38) Adjustable height shelving and storage is recommended.

4.27 Controls and Operating Mechanisms

All provisions apply with the following additions:

4.27.3 Height is supplemented by:
The highest operable part of all controls, dispensers, receptacles, and other operable equipment used by children shall be placed no higher than 36 in (914 mm) and no lower than 20 in (508 mm) above the finished floor.

4.27.4 Control Operation is supplemented by:
For controls and operating mechanisms used by children, the force required to activate controls shall be no greater than 3 lbf.

4.30 Signage

All provisions apply with the following addition:

4.30.1 General:
Signage is defined as visual, tactile, or auditory means of conveying information, implemented in such a way as to effectively communicate information about the building. Two or more of these means of communication should be provided.

Where all features in a facility are not accessible, then directional signage is required to the features that are accessible. Additionally, the accessible features shall be identified with signage.

When tactile or visual signage is used, it shall comply with 4.30.

Talking signs, attended information booths and interactive computers are acceptable forms of auditory signage.

4.30.6 Mounting Height is supplemented by:
Signs for use by children shall be mounted at a height no higher than 48 in (1219 mm) to the sign centerline above the floor.

4.30.7 Lighting:

Uniform lighting shall be provided.

4.31 Telephones

All provisions apply with the following:

4.31.3 Mounting Height is supplemented by:
(Same as ATBCB recommendation).
If intended for use by children, the highest operable part of the telephone shall be 36 in (914 mm) above the finished floor.
Telephones used by children shall be installed in accordance with modified Fig. 44.

4.32 Seating, Tables, and Work Surfaces

All provisions apply with the following additions:

4.32.2 Seating is supplemented by:
Chairs used by children shall have backs and arms and have the following heights:

Pre-kindergarten	8 to 12 in. (203 to 305 mm)
Kindergarten and older	12 to 17 in. (305 to 432 mm)

4.32.3 Knee Clearances is supplemented by:
Tables, counters, and work surfaces provided for children in wheelchairs shall have clear knee space 24 in (610 mm) high, and 24 in (610 mm) deep and 30 in (760 mm) wide. Wherever possible, adjustable-height work surfaces shall be provided.

4.32.4 Height of Work Surfaces is supplemented by:
The tops of tables and work surfaces used by children shall be a maximum of 2 in (51 mm) higher than the upper end of the knee clearence range from the floor or ground. Where possible, adjustable height work surfaces shall be provided.

5. Restaurants and Cafeterias

All provisions apply with the following additions:

5.1 General is supplemented by:
In addition to the requirements of UFAS 4.1 to 4.33, the number of seats and tables (commensurate with the number of children using wheelchairs but at least 5% of all fixed seating or tables in a cafeteria used by children) shall comply with 4.32 as supplemented by these recommendations and the recommendations listed below.

Access aisles between tables shall comply with 4.3. Where practical, accessible tables should be distributed throughout the space or facility. Accessible toilet rooms should be provided near the cafeteria and shall comply with UFAS 4.22 or 4.23 and the recommendations for water closets, urinals, lavatories and mirrors, shower stalls and sinks listed in this document.

5.2 Food Service Lines is supplemented by:
Tray slides used by children shall be mounted no higher than 30 in (762 mm) above the floor (see modified Fig. 53). The maximum forward/side reach by children for food service in a staffed service lineis 15 in (381 mm) from the leading edge of the tray slide. If self service shelves are provided, a reasonable proportion must comply with 4.2.5 and 4.2.6. If a tray slide is provided, at least one item of each type in a self service line shall be at or above the height of the counter.

5.3 Tableware Areas is supplemented by:
Tableware, dishware, condiment, food and beverage display shelves, and dispensing devices used by children shall be installed in compliance with 4.2, as supplemented by these recommendations (see modified Fig. 54).

5.4 Vending Machines is supplemented by:
Install vending machines used by children shall be installed in compliance with 4.27, as supplemented by these recommendations.

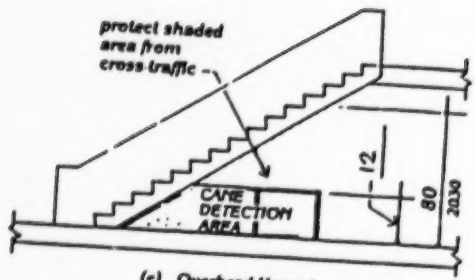
8. Libraries

All provisions apply with the following addition:

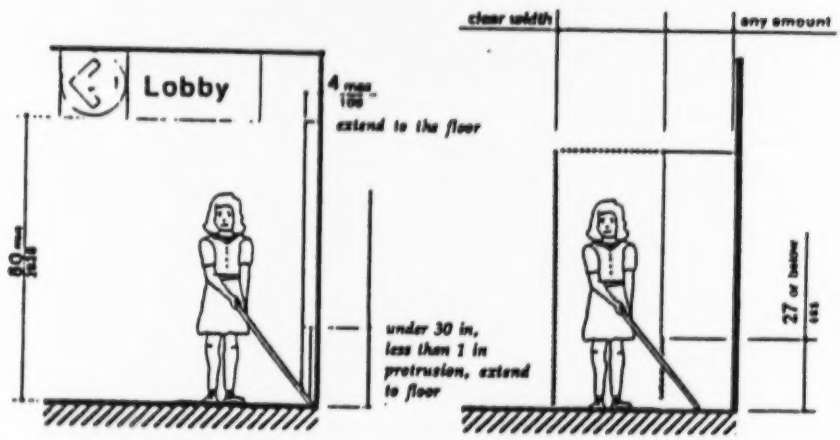
8.3 Check-Out Areas is supplemented by: Accessible work surfaces used by children in checkout areas shall be a maximum of 30 in (762 mm) above the floor.

8.4 Card Catalogs is supplemented by: (Same as ATBCB): Minimum clear aisle space at card catalogs, magazine displays, dictionary stands, or reference stacks to be used by children shall comply with modified Fig. 55. Maximum reach height shall be 36 in (914 mm).

8.5 Stacks is supplemented by: Stacks used by children shall not exceed 36 in (914 mm) in height.

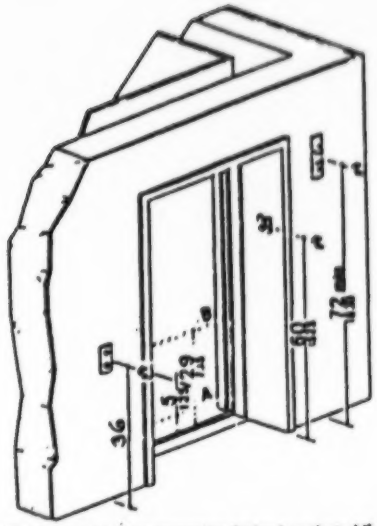


(c) Overhead Hazards (Modified)



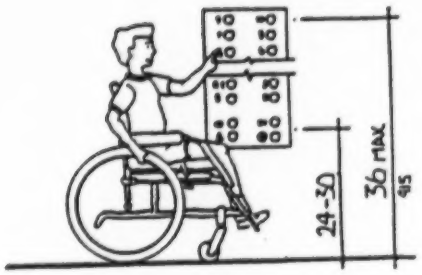
(e) Walking Parallel to a Wall (Modified)

Fig. 8
Protruding Objects



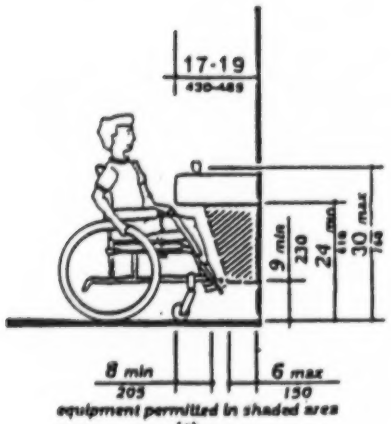
NOTE: The automatic door reopening device is activated if an object passes through either line A or line B. Line A and line B represent the vertical locations of the door reopening device not requiring contact.

Fig. 20 (Modified)
Hoistway and Elevator Entrances



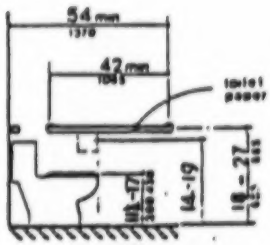
(b)
Control Height

Fig. 23 (Modified)
Car Controls



(a)
Spout Height and
Knee Clearance

Fig. 27 (Modified)
Drinking Fountains and Water Coolers



(b)
Side Wall

Fig. 29 (Modified)
Grab Bars at Water Closets

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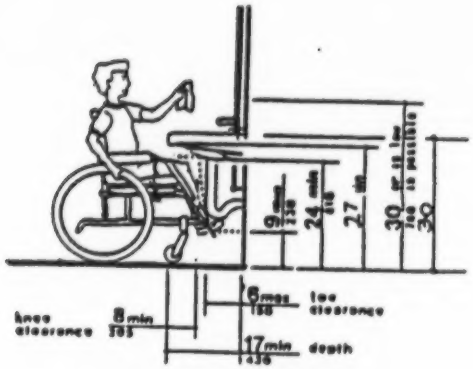
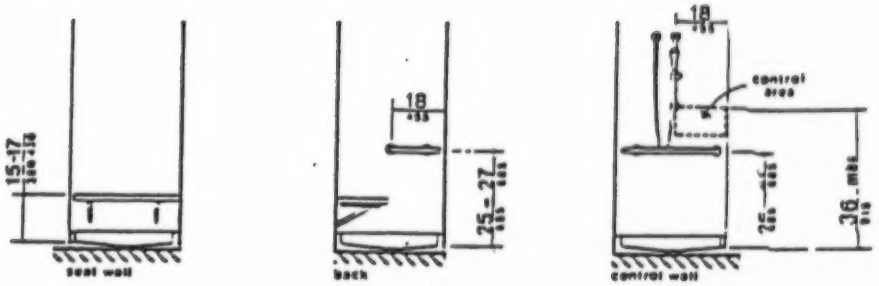
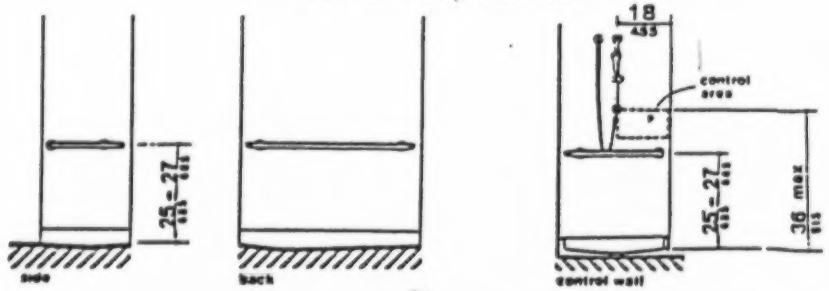


Fig. 31 (Modified)
Lavatory Clearances



(a)
36-in by 36-in (915-mm by 915-mm) Stall



(b)
30-in by 60-in (760-mm by 1525-mm) Stall

Fig. 37 (Modified)
Grab Bars at Shower Stalls

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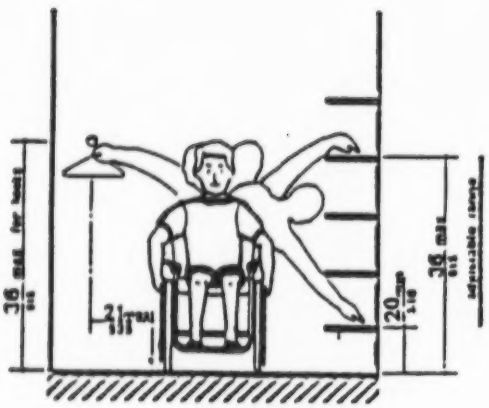

Fig. 38 (Modified)
Storage Shelves and Closets

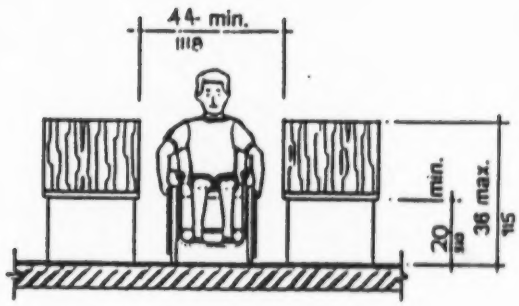

Fig. 55 (Modified)
Card Catalog

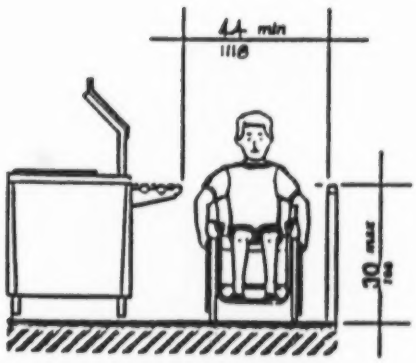

Fig. 53 (Modified)
Food Service Lines

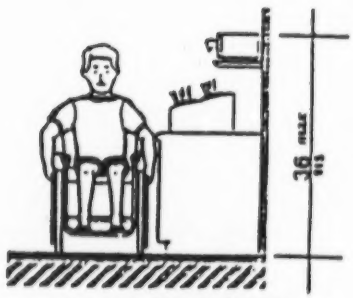

Fig. 54 (Modified)
Tableware Areas